

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 HEGENER

FORM D

MAR 1 5 2004

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response16.00

SEC USI	EONLY
Prefix	Serial
DATE RE	CEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, 155 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indica	ite change.)
Series D Preferred Stock; Common Stock Issuable upon conversion thereof.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION	DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)
Gracenote, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2000 Powell Street, Suite 1380, Emeryville, CA 94608	(510) 547-9680
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
Music recognition service.	
Type of Business Organization	
☐ limited partnership, already formed	other (please specify): DDACESSEL
business trust limited partnership, to be formed	PROGES
Month Year	16 2004
Actual or Estimated Date of Incorporation or Organization: 1 0 9 9	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbr	eviation for State:
CN for Canada, FN for other foreign jur	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/02)

035407-0017

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Palmer, Craig L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Gracenote, Inc., 2000 Powell Street, Suite 1380, Emeryville, CA 94608 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Jones, Scott A. Business or Residence Address (Number and Street, City, State, Zip Code) 1150 West 116th Street, Indianapolis, IN 46032 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Simon, Steve S. Business or Residence Address (Number and Street, City, State, Zip Code) One Market Street, Steuart Tower, Suite 1400, San Francisco, CA 94105 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ghandi, Sameer Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sequoia Capital, 3000 Sand Hill Road, Bldg. 4, Suite 180, Menlo Park, CA 94025 □ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Levine, Jeremy

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer

Executive Officer Director

☐ Director

☐ General and/or

☐ General and/or

Managing Partner

Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bessemer Venture Partners, 83 Walnut Street, Wellesley Hills, MA 02481

Business or Residence Address (Number and Street; City, State, Zip Code) c/o Gracenote, Inc., 2000 Powell Street, Suite 1380, Emeryville, CA 94608

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Latham & Watkins LLP, 135 Commonwealth Drive, Menlo Park, CA 94025

☐ Beneficial Owner

Check Box(es) that Apply: Promoter Beneficial Owner

Full Name (Last name first, if individual)

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Mantle, Mickey W.

Pohlen, Patrick A.

of the issuer; • Each executive offi	cer and director	r of corporate issuers and	·		more of a class of equity securities so of partnership issuers; and
Each general and m Check Box(es) that Apply:	· · · · · · · · · · · · · · · · · · ·	r of partnership issuers. Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Sequoia Capital X	if individual)				
Business or Residence Addrec/o Sequoia Capital, 3000 S			• '	-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State, Z	ip Code).		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owners	s Executive Officer	Directo	r
Full Name (Last name first,	if individual)		3		
Business or Residence Addr	ess (Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State, Z	Cip Code)		
	(Use bla	nk sheet, or copy and use	e additional copies of this	sheet, as necessar	y.)

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

SV\405446.1 035407-0017

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Pirmin: Part State Carries and Francisco Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Executive Officer □ Director ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual)

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Executive Officer

Executive Officer

Director

☐ Director

General and/or

☐ General and/or

Managing Partner

Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Beneficial Owner

Check Box(es) that Apply: Promoter Beneficial Owner

Full Name (Last name first, if individual)

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.											Y es	No
2 What is	the minim	ım investm	ent that will				-				\$0.3366	,
2. What is	the minima	and myestin	ciit tiiat wiii	oc accepte	d Holli ally	marviduar.	••••••	•••••			Yes	No
3. Does th	e offering p	ermit joint	ownership o	of a single u	ınit?		••••••	••••••			\boxtimes	
commis a person states, I	ssion or sim n to be liste list the nam	ilar remune d is an asso e of the bro	ed for each ration for so ciated perso oker or deal forth the info	olicitation of on or agent er. If more	f purchaser of a broker than five (s in connect or dealer re 5) persons	tion with sa egistered wi to be listed	les of secur th the SEC	ities in the and/or wit	offering. If h a state or		
Full Name N/A	•	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer				<u> </u>					
			s Solicited o						,		· · · · ·	
(Check "A			lividual Stat	-			[DE]	-	rei i		i	All States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)	·····	··-							
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)			<u> </u>		*********	
Name of A	ssociated B	Broker or De	ealer	<u> </u>	<u> </u>				· · · - · · · · · · · · · · · · · · · ·	<u> </u>	<u>-</u>	
States in W	Which Perso	n Listed Ha	s Solicited (or Intends to	o Solicit Pu	rchasers			<u></u>		·	
-			lividual Stat						•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	e first, if ind	ividual)	<u></u>								
Business o	r Residence	Address (1	Number and	Street, City	v. State. Zip	Code)						
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Name of A	ssociated E	Broker or De	ealer			· · · · · · · · · · · · · · · · · · ·						
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🛛 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	2	Amount Already Sold
	Debt: Convertible Promissory Notes	\$0.00		\$ <u>0.00</u>
	Equity	\$10,292,234.78	·	\$10,292,234.78
	Convertible Securities (including warrants)	<u>\$0.00</u>		\$0.00
	Partnership Interests	\$0.00		\$0.00
	Other (Specify)	\$0.00		\$0.00
	Total			
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	\$10,292,234.78		\$10,292,234.78
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>13</u>		<u>\$10,292,234.78</u>
	Non-accredited Investors	. <u>0</u>		<u>\$0.00</u>
	Total (for filings under Rule 504 only)			add discourse with a discourse of the second
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			Dollar Amount
	Type of offering	Type of Security		Sold
	Rule 505			
	Regulation A	·		
	Rule 504	·		
	Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$0.00
	Printing and Engraving Costs			\$0.00
	Legal Fees		\boxtimes	\$50,000.00
	Accounting Fees			\$0.00
	Engineering Fees			<u>\$0.00</u>
	Sales Commissions (specify finders' fees separately)	•••••		\$0.00
	Other Expenses (identify) Blue Sky Filing Fees		\boxtimes	\$150.00
	Total		\boxtimes	\$50,150.00

b. Enter the difference between the aggregate offering price given in response to Part C - Quest and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted proceeds to the issuer."	gros			\$10,242,084.78
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer forth in response to Part C - Question 4.b above.	to th	e		
		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees		\$0.00		<u>\$0.00</u>
Purchase of real estate		\$0.00		\$0.00
Purchase, rental or leasing and installation of machinery and equipment		\$0.00		\$0.00
Construction or leasing of plant buildings and facilities		\$0.00		<u>\$0.00</u>
Acquisition of other business (including the value of securities involved in this				
offering that may be used in exchange for the assets or securities of another	_			
issuer pursuant to a merger)	L	\$0.00		<u>\$0.00</u>
Repayment of indebtedness		<u>\$0.00</u>		\$0.00
Working capital		\$0.00	\boxtimes	\$10,242,084.78
Other (specify):				
		\$0.00		\$0.00
Column Totals		\$0.00	\boxtimes	\$10,242,084.78
Total Payments Listed (column totals added)		≤ \$10,242,08	<u>84.78</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Gracenote, Inc.		March 10, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Patrick A. Pohlen	Secretary Julia C	W

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
See Appendix, Column 5, for state response.								

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Gracenote, Inc.	1)1	March 10, 2004
Name (Print or Type)	Title (Print or Type)	n Not a
Patrick A. Pohlen	Secretary Mulli	Some

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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	Intersell to accretinvest Str	nd to non- edited tors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and ULO amount purchased in State (Part C-Item 2) expla waive		Disquali under ULOE atta explana waiver g (Part E-	fication State (if yes, ich ition of granted)
State	Yes	No	Series D Preferred Stock and Common Stock Issuable upon conversion thereof	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA		X	\$2,258,666.13	4	\$2,258,666.13	0	-0-		X		
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ALLENDIA

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1	2 3 Intend to sell to non- Type of security and			end to							
	accre invest Sta (Pai	dited ors in ate rt B	aggregate offering price offered in state (Part C- Item 1)		Accredited Accredited						
State	Yes	No	Series D Preferred Stock and Common Stock Issuable upon conversion thereof	Number of Accredited Investors							
MT											
NE											
NV		- ".									
NH											
NJ											
NM		-									
NY		X	\$5,899,999.87	1	\$5,899,999.87	0	-0-		Х		
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